



AVALON EQUIPMENT CORPORATION

2453 Cades Way, Suite B
 Vista, CA 92081
 Tel: 760.536.0191 Fax: 760.536.0184
 Toll Free: 888.542.8256

CREDIT APPLICATION

1. COMPANY INFORMATION

Legal Business Name:		Contact Person:	
Title:		Email Address:	
Telephone #:		Fax #:	
Street Address:			
City:	State:	Zip Code:	Country:
Nature of Business:		Established:	
Ever Filed Bankruptcy? No Yes, Date:		Requested Credit Amount: \$	

2. PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name:		Title:	
Social Security Number:		Ownership Percentage:	
Home Address:			
City:	State:	Zip:	Home Phone #:

3. COMPANY BANK REFERENCES – TWO YEAR HISTORY

Name of Bank/Branch:		Checking account #:	
Contact Officer:		Telephone #:	Opening Date:
Average Balance: \$	Is there any history of Overdrafts or Non-Sufficient Funds? Yes No		
Name of Bank/Branch:		Checking account #:	
Contact Officer:		Telephone #:	Opening Date:
Average Balance: \$	Is there any history of Overdrafts or Non-Sufficient Funds? Yes No		

4. TRADE REFERENCES

Supplier 1:		Account #:
Contact :	Telephone #:	Fax #:
Supplier 2:		Account #:
Contact :	Telephone #:	Fax #:
Supplier 3:		Account #:
Contact :	Telephone #:	Fax #:

5. RESALE NUMBER & BUSINESS STRUCTURE

State: CA WA TX	D&B #	Federal I.D.
Corporation Proprietor Partnership LLC	Website Address:	

6. AUTHORIZATION

I hereby authorize Avalon Equipment Corporation (Avalon), its employees, officers or assigns to investigate the company's credit or obtain a consumer report from a credit reporting agency. I also authorize any bank, trade or other references to release credit information concerning the company to Avalon. Such authorization shall extend to this application and subsequent updates, renewals, or extensions of any credit granted as a result of this application and to any additional credit granted in the future. This authorization shall remain in force unless and until revoked by me in writing. Further, I certify that all information I have provided or will provide with this application is true and complete.

Name: _____ Signature: _____ Date: _____
 (All persons listed in Section 2 must sign)

Avalon Internal Use Only

Sales Representative: _____ Comments: _____
 Amount of first sale/rental: \$ _____
 Credit: No Yes, Credit Limit: \$ _____